

PS



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

STATE OF MARYLAND

OR

Name

vs.

Name

Address

Address

City, State, Zip

City, State, Zip

MOTION FOR REMOTE PROCEEDING OR TO APPEAR REMOTELY
(Md. Rules 2-802; 2-803; 3-513.1)

1. The following proceeding is scheduled for _____ :
Date

☐ Scheduling conference

☐ Hearing (Describe): _____

☐ Evidentiary hearing

☐ Pre-trial conference

☐ Trial

☐ Other (Describe): _____

2. I ask that the following people be allowed to participate from a location other than the courtroom
(Choose all that apply):

☐ Plaintiff/Petitioner: _____
Name

Telephone Number

Email

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

☐ Defendant/Respondent: _____
Name

Telephone Number

Email

(If applicable):

ID Number

Facility of Incarceration

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

☐ Plaintiff/Petitioner's Attorney: _____
Name

Telephone Number

Email

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

☐ Defendant/Respondent's Attorney: _____
Name

Telephone Number

Email

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

Case No. _____

☐ Witness: _____
Name

Telephone Number _____ Email _____

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

☐ Other: _____
Name

Telephone Number _____ Email _____

Requested method of participation: ☐ Telephone ☐ Video Conferencing

☐ Other (Describe): _____

3. I ask this because:

4. ☐ The attorney and client will be able to communicate confidentially by:

Complete only if the person appearing remotely is an attorney or a person represented by an attorney.

5. The person appearing remotely will have access to documents, photographs and other items presented in the courtroom by:

6. A spoken or sign language interpreter (Choose one):

☐ is not required by the person appearing remotely.

☐ is required by the person appearing remotely.

*For a spoken language interpreter, complete and file a Request for Spoken Language Interpreter (CC-DC-041).

*For a sign language interpreter, complete and file a Request for Accommodation for Person with Disability (CC-DC-049).

7. The remote appearance will not interfere with making a verbatim record of the hearing.

Date

Signature CPF ID No.

Printed Name

Telephone Number

Address

Fax

City, State, Zip

E-mail

Case No. _____

CERTIFICATE OF SERVICE

I certify that I served a copy of this motion, upon the following party or parties by ☐ mailing first-class mail,
postage prepaid ☐ hand delivery ☐ other _____, on _____ Date _____ to:

_____	_____
Name	Address

	City, State, Zip
_____	_____
Name	Address

	City, State, Zip
_____	_____
Date	Signature of Party Serving